Effective October 1, 2003													*
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	EI	ALLIA 	OR	OTHER SMALL:	
TOTAL CLAIMS				0				RATI	E	FEE		RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	770.00
TO	TAL CHARGEA	BLE CLAIMS	20 minus 20=		• 0			X\$ 9	=		OR	X\$18=	
INC	EPENDENT CL	AIMS	3 mi	nus 3 =	• 0			X43			OR	X86=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT		·		+145		!		.000	·	
* If the difference in column 1 is less than zero, enter "0" in column 2											OR	+290=	270
								TOTA	L		OR	TOTAL OTHER	THAN
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L I	ENTITY	OR	SMALL	
AMENDMENT A	बेर्रा	CLAIMS		HIGHEST NUMBER PRESEN PREVIOUSLY EXTRA PAID FOR			·	RATE	3	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 22	Minus	2	0	- 2		X\$ 9	=		OR	X\$18=	100
MEN	Independent	• 3	Minus	***	3	· 2		X43=			OR	3 00 X86 =	400
•	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145			OR	+290=	1.0 =
y to											TOTAL	500	
	•	(Column 1)	•	(Colui	mn 21	(Column 3)		ADDIT. F	Œ[<u> </u>	15.7	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ğ	Total	*	Minus	**		8		X\$ 9	=		OR	X\$18=	
WE	Independent					-		X43=			OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=											OR	+290=	
ADI									AL EE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)							
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER	PRESENT EXTRA		RATE	111	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**		= .		X\$ 9:	=		OR	X\$18=	
	Independent	•	Minus	***		=		X43=			OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE													
***	H the "Highest No	mber Previously Pa aber Previously Pa	aid For IN TH	IS SPACE I	is less tha	ın 3. enter "3."				oropriate box	in co		

Application or Docket Number